

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.L.P.E. CLASSIFIER		59	491
FORMALITY REVIEW	K.O.	105/705	04/24/01
RESPONSE FORMALITY REVIEW	M.H.	65	08-01-01

INDEX OF CLAIMS

✓ _____ Rejected
 = _____ Allowed
 - (Through numeral) _____ Canceled
 + _____ Restricted
 N _____ Non-elected
 I _____ Interference
 A _____ Appeal
 O _____ Objected

Claim	Date
1	01/01/01
2	01/01/01
3	01/01/01
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Claim	Date
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If more than 150 claims or 10 actions
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